Presenters



Cole Bryan
Executive Director,
Dream Center Golden Triangle



Kathy Taylor, MS
Director of Criminal Justice
Initiatives, Fletcher Group

America's criminal justice system isn't known for rehabilitation. I'm not sure that, as a society, we are even interested in that concept anymore.

- Steve Earle



Learning Objectives

- 1. Provide information surrounding treatment and recovery centers.
- 2. Discover the scope and opportunities available at the Dream Center.
- 3. Explore issues surrounding the use of recovery and treatment support as an alternative to incarceration in rural communities.
- 4. Identify points of intervention in the legal system to offer substance abuse disorder services for those charged or convicted of a crime.
- 5. Provide information surrounding the challenges and resolutions to promote diversion as an alternative to incarceration.





www.dreamcenterms.or

EXECUTIVE SUMMARY

Dream Center Golden Triangle will become Mississippi's premier Recovery Support Services and Reentry program with a focus on treating and assisting individuals seeking Re-entry, recovery housing, and employment. Dream Center will employ multiple treatment modalities, with the primary approach based on combining housing and employment with a novel and comprehensive faith-based year-plus Recovery Support Services program to ensure compliance and full recovery.

Rural communities like the Golden Triangle can have a hard time attracting large employers. One of the main reasons being the lack of an available workforce. SAMHSA statistics show that methamphetamine addiction is most prevalent in rural areas where job opportunities are limited. American Manufacturers already have large voids in their workforce due to lack of skilled labor, an aging labor force, and record low unemployment rates. Drug use and addiction is adding to the negative perception many foreign companies have of the American workforce as unskilled and unqualified.

"American drug use has become so pervasive that it is now customary for site selection professionals to consider its prevalence when analyzing potential investment locations".

Research indicates that MDOC offenders are most likely to commit crimes in the first few days, week and months after release from prison. To address this high-risk period, research demonstrates that supervision resources are more effective when they are targeted to this critical period. However, Mississippi has few resources for those reentering the community. More than 9,000 offenders leave state prisons each year, but Mississippi has no system-wide reentry programming and total of just 100 beds in three transitional reentry centers across the

state



About Us



Dream Center Golden Triangle provides evidence-based intervention, prevention, treatment, and recovery support services. Recognizing addiction as a complex clinical, social, and public health issue, DCGTR seeks to develop healthier individuals and stronger communities by providing the necessary information, tools and support to create sustainable change. Dream Center strives to create healthy lives by presenting individuals with an opportunity to change while walking alongside them throughout their journey.



Mission Statement

House – Recover - Employ

Offering a Christ centered approach to recovery by providing a continuum of care to help at risk individuals and their families and employers from moment of crisis through treatment and into the desired goal of long-term recovery.





Problem & Solution

The Problem

Addiction is a major health problem that affects multiple service systems and leads to profound harm to the individuals suffering from this disorder and their families, including: impairment, death, chronic addiction, vehicular casualties, acute and chronic diseases resulting in increased health care costs, loss of employment, disruption in educational attainment, ruined credit, housing instability and homelessness, divorce, separation of parents and children, crime, and overcrowded prisons and jails.

Addiction is a disease impacting the whole family and the whole society and requires a system of care that includes prevention, Intervention, clinical treatment, and recovery support services that support and strengthen the individual, families, and the community.

Drug Overdose Deaths

In 2017, more than 70,000 people died from drug overdoses. 68% of those deaths involved a prescription or illicit opioid. On average, 130 Americans die every day from an opioid overdose. Drug overdose deaths, including those involving opioids, continue to increase in the United States. Deaths from drug overdose are up among both men and women, all races, and adults of nearly all ages.

201
21.5 million Americans over the age of 12 had a substance use disorder (SUD)

More than 64,000 deaths from drug overdoses

Use of tobacco, alcohol and illicit drug costs our country more than \$740 billion annually in crime, lost work productivity and health care costs



The Problem

Substance Use In The Workplace

The Federal Government and business community are increasingly recognizing the negative consequences of substance abuse on the U.S. economy and the Nation's workforce. Abuse of drugs and alcohol is costly for our society and, left untreated, places a burden on our workplace, our healthcare system, and our communities, Many reports and surveys highlight the detrimental effects substance abuse has on business productivity and competitiveness as it also increases workplace injuries and absenteeism.

In 2016, following years of declines, the percentage of employees in the combined U.S. workforce testing positive for drugs increased to a 10-year high. An analysis of nearly 11 million workforce drug test results by Quest Diagnostics revealed a fifth straight year of increases in detection rate of amphetamine and heroin and shows that marijuana positively has increased 47% since 2013. Nearly one in 11 job applicants were unable to pass an oral fluid drug screen.

In the general U.S. workforce, the rate of amphetamine, marijuana, and heroin detection increased annually in urine testing for the past 5 years leading up to 2016. Amphetamine positivity increased 44%, marijuana 26%; almost half (45%) of individuals in the general U.S. workforce with a positive drug test for any substance in 2015 showed evidence of marijuana use. Heroin positivity in that period, indicated by the presence of the 6-acetylmorphine marker (6-AM), increased 146 percent.

The rate of workforce drug positivity hit a fourteen year high in 2018, according to an analysis released by Quest Diagnostics. Positivity rates in the combined U.S. workforce increased nearly five percent in urine drug tests (4.2% in 2017 versus 4.4% in 2018), climbing to the highest level since 2004 (4.5%) and are now more than 25 percent higher than the thirty-year low of 3.5% recorded between 2010 and 2012. **MISSISSIPPI RATE 4.7%.**

ALABAMA RATE 5.9%

Employers are aware of the ill effects drug use has on the ability to effectively operate and compete in the marketplace. As the issue escalates into a national crisis, economic development officials are realizing the yeoman's work needed to reign in the problem. Finding solutions with lasting results will require a collaborative effort with healthcare, business, government, nonprofit, and research institutions.

Substance Use in the Workplace

CURRENT STATE OF TREATMENT IN AMERICA

The main problem is a lack of accountability, not just from program to program, but even within treatment systems, from counselor to counselor. For years, there's been a blank check, and when the money runs out, guess what? You're better.

Most facilities claiming to be in the business of helping people recover from Substance Abuse Disorders provide a 30 day "treatment" then release the patient right back to work. This method is why many

treatment facilities are dubbed the "car washes" of recovery. A person suffering from substance use

disorder doesn't just go to detox and then resume their life. Addiction is a disease that creates behaviors and emotions that cannot be undone in 30 days – addiction requires treatment of the mind, body, and soul. Because this is not a common practice, patients regularly relapse and churn through countless treatment facilities hoping that the next will be the one that works.

CASE STUDY – Recovery Centers of America

A Marketing blitz and an infusion of private equity money helped make Recovery Centers of America into the Self-described fastest-growing addiction treatment provider in the country. Launched by a high- end real estate developer, it's part of a rush of entrepreneurs who see opportunity in the treatment business during the opioid crisis.

The company charges an average of \$24,000 a month but some patients were not getting basic counseling and were often unsupervised. RCA went from not existing to 500 beds in what seemed like overnight. On top of an unmanageable patient to staff ratio, the primary goal of the business, it seems, had more to do with maximizing profits instead of guiding people into long term recovery.





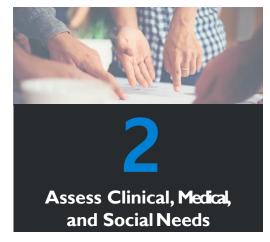






OUR PROCESS













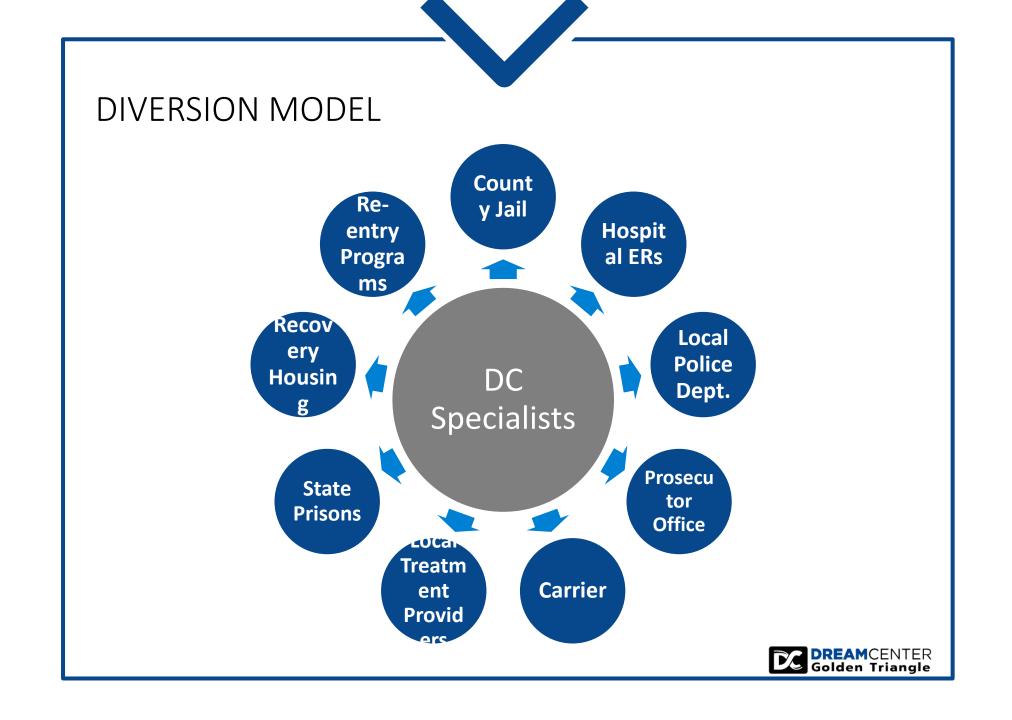
Crisis Intervention Recovery Support Services Plan Assess and Place (Appropriate Level of Care)

24/7 Access to RSS

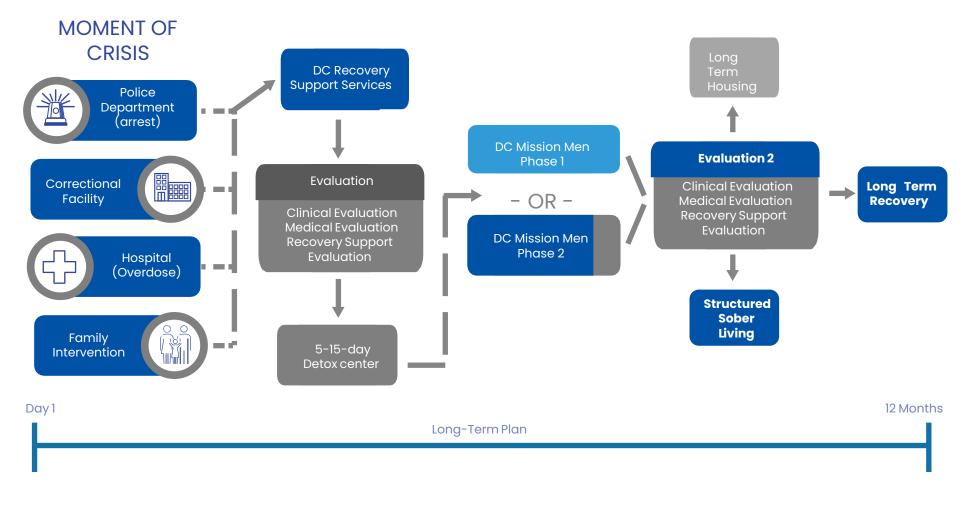
Education and Employment Planning

Long Term RSS





CONTINUUM OF CARE FLOW





Corporate / Organizational



Executive Director

Cole Bryan

2010 - 2013

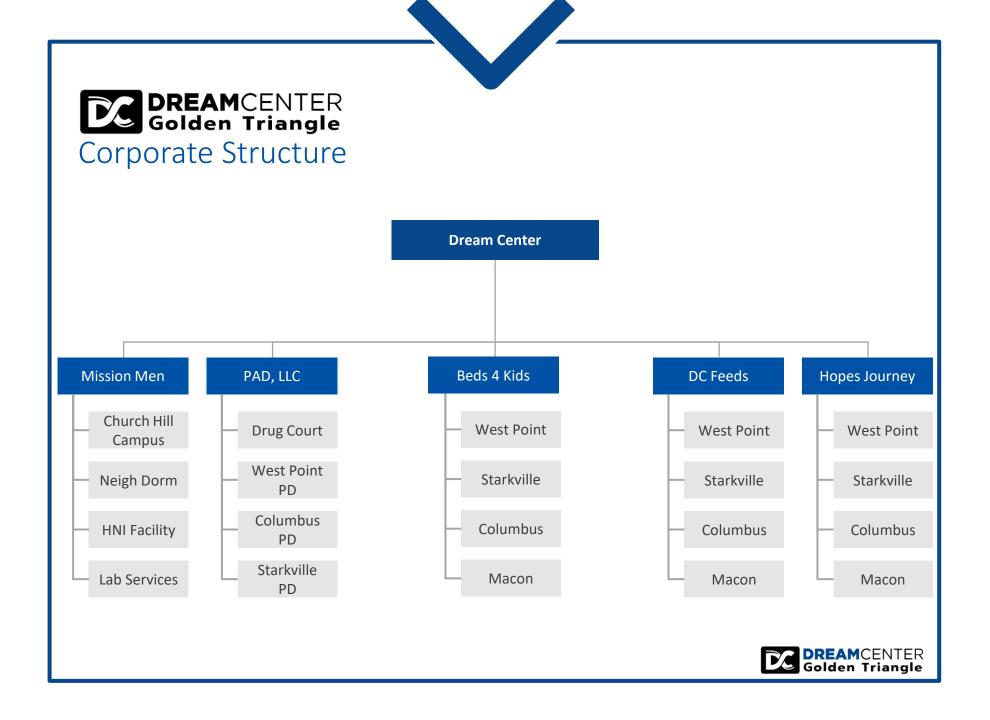
Moved to NYC and began managing partnerships for On Deck Capital, a Manhattan technology startup using data to digitally streamline the underwriting of small business loans. Saw company grow from 30 to 600 employees.

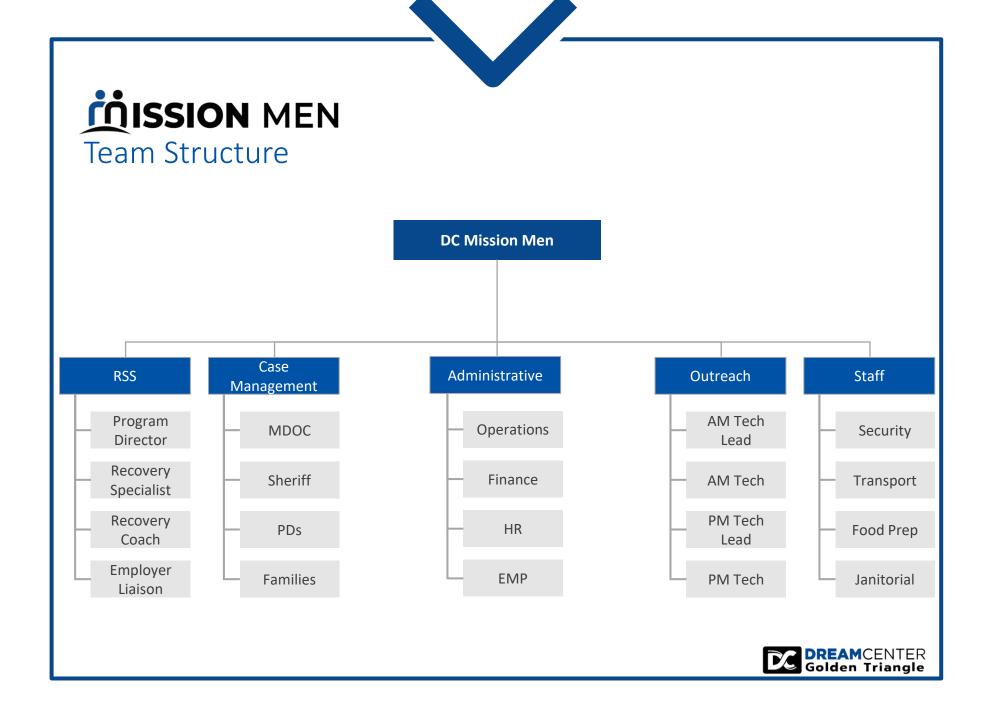
2013 - 2018

Joins Next Gear Solutions, a technology company providing software solutions to the insurance disaster recovery industry.. Built sales team and took product to market. Took company from less than \$1MM in annual revenue to \$13MM. Company sold to private equity firm Serent Capital.

2018 - Present

Serving as Executive Director of The Mission and Dream Center to build out recovery and employment programs in the Golden Triangle.





DC Mission Men Project Timeline



Facilities









Phase 1 Facility – 2494 E. Church Hill Rd.

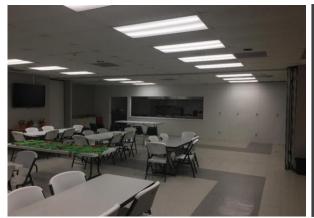
Capacity – 52 Beds





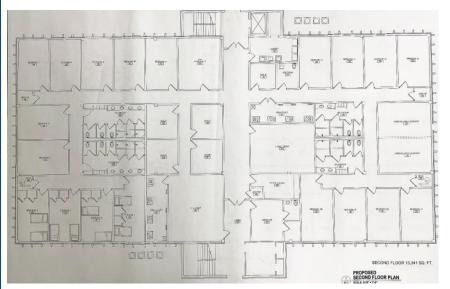


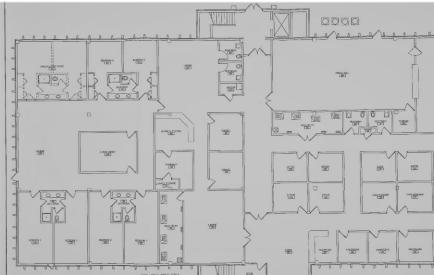




Phase 1 – Existing Facility







PHASE 1

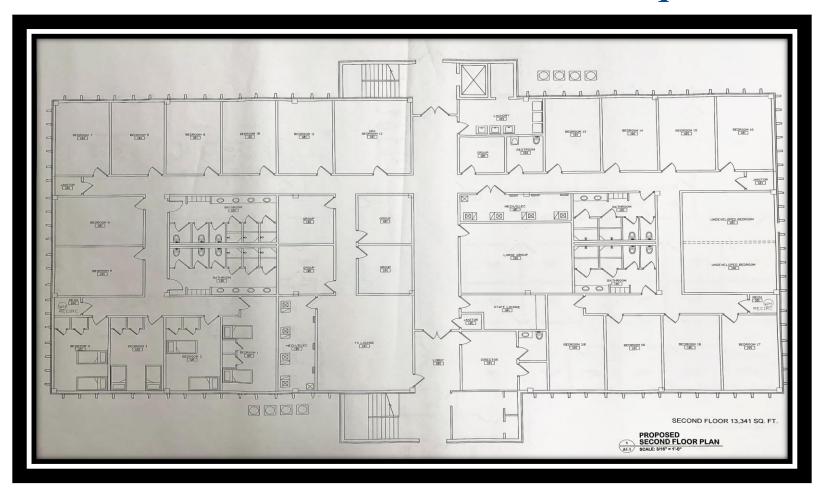
- Location: Old Bryan Foods Building
- Address: 2494 E. Church Hill Rd. West Point
- Size: Approximately 27,000 Square ft
- Use: Residential Recovery Facility
- Capacity: 52 Beds

PH1 First Floor – 13,341 Sq. ft





PH1 Second Floor – 13,341 Sq. ft









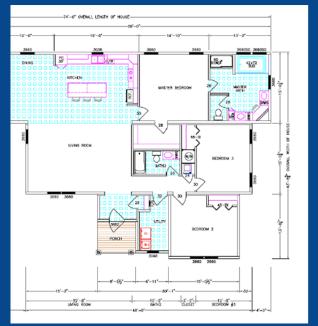


Phase 2 – Transitional Housing

Neigh Dormitory-Transitional/Reentry Housing







Phase 3 Sober Living

Criminal Justice and Recovery

Our Greatest Challenge May Also Be, Our Best Opportunity

80% of individuals incarcerated have used illicit drugs

Only 11% receive treatment while incarcerated

Locking people up doesn't work.

It only makes things worse for those with a SUD.



Think of the Criminal Legal System as an Entry Point for SUD Recovery.

By a coordinatization of efforts with recovery houses, recovery and care providers, the criminal legal system, and nonprofit organizations.

HIGHER RATES

of SUD incidence, morbidity, overdose occurrence and mortality.

HIGHER COST

Long-distance travel to facilities adds significantly to already high costs.

UNIQUE RURAL CHALLENGES

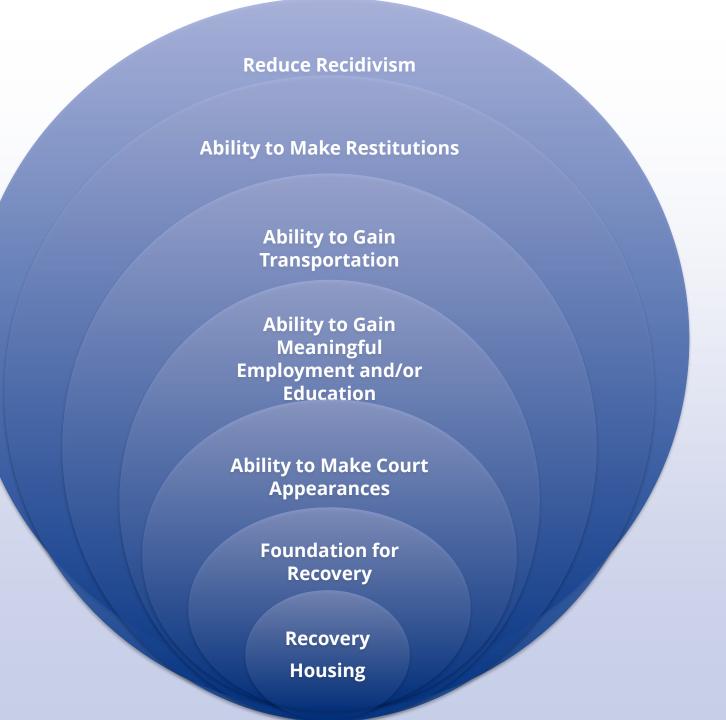
FEWER RESOURCES

Doctors diagnosing SUDs are less likely to have the resources and training for follow-up care.

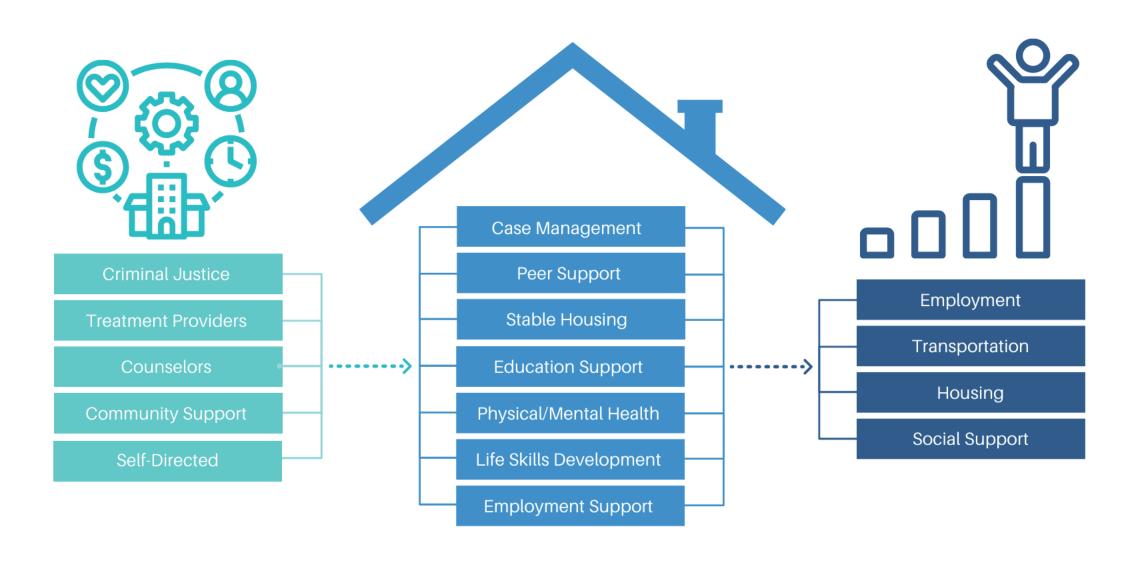
GREATER STIGMA

Smaller rural communities may experience less privacy and, as a result, more social stigma.

How Does a Lack of Stable, Supportive Housing Impact Your Clients with SUD?



How A Recovery Ecosystem Creates Recovery Capital





Mass Incarceration

U.S. incarcerates more individuals than any other nation¹

- War on Crime
- sentencing guidelines
- bail disparities

Jails and prisons are overcrowded

- 1 in 5 (20%) are drug offenders nationally
- MS is average at $20\% = 2^{nd}$ highest category of offender behind violent
- 58% is for possession¹
- 56% of jail population are there on pre-trial status²

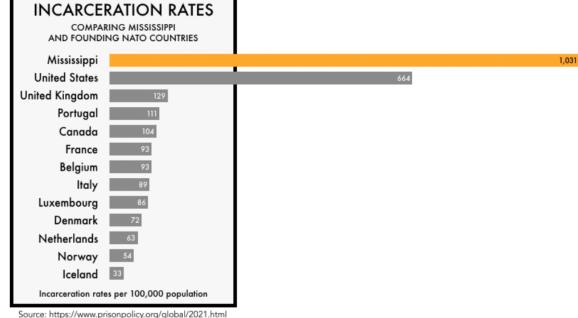
Criminalization of a disease

- Crimes committed to support use or arrested under the influence
- Symptoms/nature of the disease are arrestable offenses

- 1) MS DOC 2021 Annual report
- 2) Peter Wagner and Wendy Sawyer. Mass Incarceration 2018: The Whole Pie. Prison Policy Initiative March 14, 2018. https://www.prisonpolicy.org/reports/pie2018.html

Mississippi Incarceration Rate

Mississippi is now the world leader in mass incarceration¹



¹ 'Foolishly sticking with failed system': Mississippi leads the world in mass incarceration. Clarion Ledger. Jackson, MS 8/13/22

Cost of Incarceration

Our nation spends \$182 billion on incarcerating individuals¹

- The national average to incarcerate one person is \$31,286 yearly
- National state cost to incarcerate range from \$14,000 to \$70,000²
- 1) https://www.pbs.org/newshour/economy/the-u-s-spends-billions-to-lock-people-up-but-very-little-to-help-them-once-theyre-
- released#:~:text=The%20U.S.%20spends%20%2481%20billion,families%20is%20roughly%20%24182%20billion.
- 2)https://interrogatingjustice.org/prisons/annual-prison-costs-budgets/

Mississippi Dept. of Corrections

- Average cost to incarcerate is \$53.72/day³
- A study by Ole Miss School of Law in 2018 showed that nearly half of pretrial detainees are held over 90 days. Further estimates state MS counties spend between \$80-100 million each year on people not convicted of a crime⁴
 - 3) https://www.nemiss.news/mississippi-now-one-of-the-worlds-leaders-in-mass-incarceration/
 - 4) https://law.olemiss.edu/new-jail-database-shows-lengthy-pretrial-incarceration-continues-in-mississippis-local-jails/

Using recovery programs as an alternative to incarceration cuts costs dramatically

- Return on investment
 - \$1.00: \$2.45⁵
- 20% = \$20 billion in savings if diverted from incarceration
- Programs, such as Recovery Kentucky Centers, cost 2 to 3 times less than incarceration

5) Cole, J., Logan, T., & Scrivner, A. (2022). Recovery Center Outcome Study 2022 Fact Sheet. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research.

Recidivism Rates

National Institute of Justice 2022

- 44% of offenders released from custody return before the first year out of prison1
- MS recidivism rate is 33% at 3 years. At 5 years, the rate climbs to 77%

Barriers to Successful Reentry

Lack of affordable, secure housing, employment and transportation have been identified as significant barriers in MS.²

Implementing evidence-based service could reduce rates

- Informed care
- Drug courts, therapeutic communities, cognitive behavioral therapy and housing assistance appear to offer the most compelling results in terms of recidivism reduction³

- 1) https://worldpopulationreview.com/state-rankings/recidivism-rates-by-state
- 2) https://www.texaspolicy.com/together-we-can-make-mississippi-safer-and-reentry-ready/
- 3) https://ksr.hkspublications.org/2019/09/04/never-going-back-an-evidence-based-approachtoreducingrecidivism/#:~:text=Drug%20courts%2C%20therapeutic%20communities%2C%20cognitive,other%20common%20programs%20do%20not

Legal and Correctional Impacts

Cost effective

Reduce prison and jail overcrowding

Utilize bed space effectively

Lighten court dockets

Reduce strain on personnel

Reduce recidivism

Slow revolving door

Improved public safety

Nature of the beast

Double Edged Sword

Overdose Rates

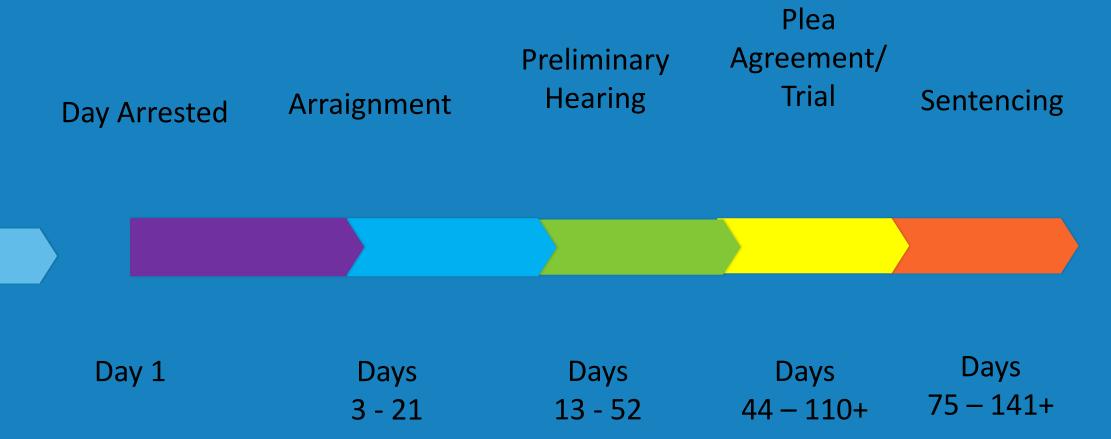
- Individuals are 40% more likely to OD within 2 weeks following release
 - Leading cause of death of recently released people
- Jail and prison overdose rates have increased radically
 - From 2001 2018, deaths related to alcohol or drug intoxication increased 600% in prisons and 200% in county jails
 - 2018 had the highest OD rate ever recorded¹
 - 3rd leading cause of death while in custody²

Marginally Housed Population

- Newly released individuals are 10 15% more likely to be marginally housed than the general public
 - This percentage rises exponentially with multiple incarcerations
- 40% more likely to be marginally housed within 3 months of release
- Condition exposes them to more contact with law enforcement

- 1) https://www.npr.org/2021/07/15/1015447281/overdose-deaths-state-prisons-increase
- 2) https://www.vera.org/publications/overdose-deaths-and-jail-incarceration/national

Stages for Intervention



Outcomes at a Glance

From the Recovery Kentucky Program on which the Fletcher Group Model is Based

Substance Use and Mental Health Problems



REPORTED ANY
ILLEGAL DRUG USE***

91% at intake

19% at follow-up



REPORTED OPIOID
USE***3

56% at intake

3% at follow-up



REPORTED HEROIN USE***

MET STUDY CRITERIA FOR COMORBID DEPRESSION

& ANXIETY***

4%

at follow-up



STIMULANT USE****

63% 7% at intake at follow-up



MET STUDY CRITERIA FOR DEPRESSION***

66%

22% at follow-up



MET STUDY CRITERIA FOR

71% at intake

27% at follow-up 61% at intake

at intake

at follow-up

REPORTED SUICIDAL IDEATION AND/OR ATTEMPTS

23% at intake 3% at follow-up

Significant improvements in past-6-month

Economic Indicators



ONE MONTH***

50% at intake

81% at follow-up



CURRENTLY HOMELESS***

31% at intake 4% at follow-up REPORTED DIFF

at intake

REPORTED DIFFICULTY MEETING BASIC LIVING NEEDS***

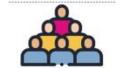
22% at follow-up



REPORTED DIFFICULTY MEETING HEALTH CARE NEEDS***

25% at intake

10% at follow-up



REPORTED ATTENDING MUTUAL HELP RECOVERY MEETING IN THE PAST 30 DAYS ***

28% at intake

72% at follow-up Using national estimates of the cost of substance abuse and applying them to clients' substance use before and after program participation, there was an estimated \$2.45 return in avoided costs for every dollar invested in providing recovery services.



ESTIMATED COST-SAVINGS FOR TAXPAYERS

\$2.45

¹ Misuse of opioids other than heroin, including prescription opiates, methadone, and buprenorphine.
² Amphetamine, methamphetamine, Ecstasy, Ritalin.

***p < .001

Community Impacts



Cost effective



Allow individuals to progress

Address unmet behavioral issues

Reunite families

Become productive members of the community



Provide security

Remove barriers



Reduce stigma

Challenges and Recommendations

- Communication Barriers
- Silo-ing
- Clinical vs. Duration
- Lack of Knowledge
- Availability and Access to Services
- Staff Availability



- Trust the Process
- Staff Training
- Education Seminars
- Transparency
- Open Communication
- Open Minds
- Collaboration

Q&A